

Frequently Asked Questions About Colorectal Cancer

What is colorectal cancer, or cancer of the colon or rectum?

Colorectal cancer is cancer of the colon or rectum. The colon and the rectum are part of the body's digestive system, which removes nutrients from food and stores waste until it passes out of the body. The colon and rectum form an almost 7 foot long muscular tube called the large intestine (also called the large bowel).

Most types of colorectal cancer begin with *polyps* (or grape-like growths on the lining of the colon and rectum). Polyps are very common in people over age 50 and usually are benign (not cancerous). But some polyps do develop slowly over the years into cancer, often causing no symptoms. Screening tests can find polyps that can be removed, preventing cancer. Screening tests can also pick up colorectal cancer at an early stage, when it can be cured.

Why should I worry about colorectal cancer - I thought it affects mostly men?

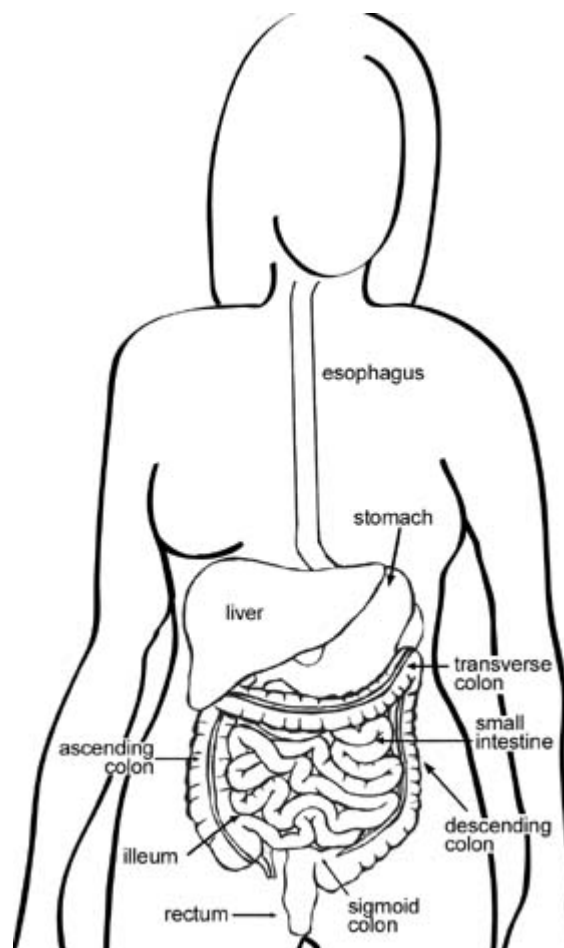
Colorectal cancer is one of the most common cancers in the United States for both men and women. It is found most often in people aged 50 and older. It is a myth that this cancer affects mostly men. Women get colorectal cancer as often as men do (about a 1 in 20 chance).

Colorectal cancer is sometimes called a silent killer. This is because a person can have no symptoms at all at the start of the illness. As the cancer worsens, symptoms start to appear. The good news is that this cancer, if caught early, can be treated and often cured. The even better news is that it can be prevented with screening tests and a healthy lifestyle.

Who is at risk for colorectal cancer? What causes it?

No one knows for sure what causes colorectal cancer. But there are certain risk factors that can increase a person's chances of getting or dying from this type of cancer:

- **Ethnicity/Race** - People of African-American and Hispanic descent are often diagnosed at a later stage of disease and have a higher death rate.



- Age - People over the age of 50 tend to get this cancer more often than younger persons do. But, it can happen at any age.
- Diet - Colorectal cancer appears to be linked to diets high in fat and calories and low in fiber. Researchers are looking at how diet plays a role in colorectal cancer.
- Polyps - are benign (not cancerous) growths on the inner wall of the colon and rectum. Many people over age 50 have polyps. Some types of polyps, called *adenomatous polyps*, can become cancers. Between 5 and 10% of adenomatous polyps will become cancer if not removed.

A rare form of polyps that runs in families, called *familial polyposis*, almost always becomes cancer. This condition causes hundreds of polyps to form in the colon and rectum. In these cases, there are treatments that can be done at a young age to prevent cancer from developing.

- Personal medical history - Women who have had cancer of the ovary, uterus, or breast have a somewhat greater chance of getting colorectal cancer. A person who has had colorectal cancer once can get it again. A person who has had polyps in the colon or rectum is also at increased risk for this cancer.
- Family medical history - "First-degree" relatives (parents, sisters, brothers, children) of a person who has had colorectal cancer are somewhat more likely to get this type of cancer. The risk is even greater if the relative had the cancer at a young age. Risk is increased even more if many family members have had colorectal cancer. There are genetic tests available for people whose family has a certain pattern of cancer.
- Inflammatory bowel disease - is a condition in which the lining of the colon becomes inflamed, or irritated. Having this condition increases a person's chances of getting colorectal cancer. The most common kinds of inflammatory bowel disease are *Crohn's Disease* and *ulcerative colitis*.
- Lifestyle - The couch potato lifestyle (no exercise), being overweight (obesity), drinking alcohol, and smoking may increase a person's chances for getting colorectal cancer.
- Long-term exposure to environmental or occupational toxins (poisons) may increase a person's risk for colorectal cancer.

Having one or more of these risk factors does not mean that you will develop colorectal cancer. It just increases your chances. Talk with your health care provider about what you can do to lower your risk for colorectal cancer.

What are the symptoms of colorectal cancer?

There are often no symptoms for colorectal cancer in its early stages, which is why screening tests are important. People who do have symptoms can have:

- A change in bowel habits
- Diarrhea, constipation, or feeling that the bowel doesn't empty completely
- Bright red or very dark blood in the stool
- Stools that are narrower than normal
- Discomfort in the abdomen - frequent gas pains, bloating, fullness, and/or cramps
- Weight loss with no known reason
- Constant and extreme tiredness
- Vomiting
- Anemia (low iron in the blood) with no known reason

Some of these symptoms can be caused by other conditions. Talk with your health care provider right away if you think you are having any of these symptoms.

What can I do to prevent colorectal cancer? What are the screening tests for this type of cancer?

Colorectal cancer can be prevented by getting screening tests once you reach age 50. These tests look for polyps and early signs of cancer. Some of the tests can remove polyps at the same time. Talk with your health care provider about what tests are best for you and how often you should get them. If you have a family history of colorectal cancer or other special conditions, your doctor may suggest starting screening tests before age 50.

Screening tests and recommendations for how often you should have each test include:

- Fecal occult blood test (FOBT) - checks for hidden blood in the stool. Sometimes cancers or polyps can bleed and this test is used to pick up small amounts of bleeding. Have this test every year.
- Flexible sigmoidoscopy - an exam where a health care provider looks at the rectum and the lower part of the colon using a *sigmoidoscope*, a tube with a light on the end. Have this test every 5 years.
- Colonoscopy - an exam when a health care provider looks at the rectum and the entire colon using a colonoscope, an instrument with a light on the end. If polyps are found, they can be removed. Have this test every 5 to 10 years.

- Double contrast barium enema (DCBE) - a series of x-rays of the colon and rectum. You are first given an enema with barium in it, which outlines the colon and rectum on the x-rays. Have this test every 5 to 10 years (only if not having a colonoscopy every 10 years).
- Digital rectal exam - a health care provider inserts a lubricated, gloved finger into the rectum to feel for any problem areas. Have this test every 5 to 10 years at the time of other screening tests (flexible sigmoidoscopy, colonoscopy, or DCBE).

Other things you can do to help prevent colorectal cancer include:

- Have a healthy diet low in fat and high in fiber, with plenty of fruits and vegetables. Researchers are looking at foods rich in folate (the natural form of folic acid), such as leafy green vegetables and fortified cereals, for how they may help reduce a person's risk for colorectal cancer. Adding these foods to your diet or taking a daily multivitamin with 0.4 mg of folic acid may help.
- Get regular exercise (30 minutes per day most days of the week).
- Lose weight if you are overweight (obese).
- Limit alcohol intake and do not smoke or use tobacco products.

Some studies have shown that using nonsteroidal anti-inflammatory drugs (NSAIDs) may help reduce a person's risk for colorectal cancer. For women, using hormones after menopause may decrease the risk for colon (but not rectal) cancer. New research shows that some pain medications called COX-2 inhibitors may also help to prevent colon cancer. Other studies are looking at stopping smoking, taking aspirin each day, decreased alcohol intake, and increased physical activity to see if they can prevent colorectal cancer.

Are there any new screening tests for colorectal cancer?

Researchers are looking at two new screening tests for colorectal cancer, both of which detect polyps and cancers early. One test is called a *virtual colonoscopy*. A small tube is placed inside the rectum for less than 5 minutes (with a traditional colonoscopy, this process takes longer). Images are recorded and put into a computer using *computerized axial tomography* (CAT or CT) *scan* or *magnetic resonance imaging* (MRI or MR). The technician then looks at these recorded images to explore the rectum and colon for polyps and cancers. The other test is a stool test (like the FOBT), that looks for DNA, or genetic material, in the stool. Early data suggest that this stool test may be very accurate in picking up any problems, polyps, and cancers.

How is colorectal cancer treated?

Treatment for colorectal cancer depends mostly on the size, location, and extent of the tumor, as well as a person's overall health. Surgery to remove the tumor is the most common treatment for colorectal cancer. Chemotherapy and radiation therapy may also be used to kill cancer cells. With new surgical techniques, treatment rarely requires a *colostomy* (an opening into a "bag" for passage of bowel movements). There is research being done to look at new ways to treat colon cancer.

The National Women's Health Information Center (NWHIC)

A Project of the Office on Women's Health in the U.S. Department of Health and Human Services

For More Information...

You can find out more about colorectal cancer by contacting the National Women's Health Information Center (NWHIC) at (800) 994-WOMAN (9662) or the following organizations:

National Cancer Institute's CancerNet

Phone: 1-800-4-CANCER

Internet: http://www.cancer.gov/cancer_information/

U.S. Centers for Disease Control and Prevention, Screen for Life

- National Colorectal Cancer Action Campaign

Phone: (770) 488-3250

Internet: <http://www.cdc.gov/cancer/screenforlife>

Colorectal Cancer Prevention and Control Program - The Importance of Prevention and Early Detection

Phone: (888) 842-6355

Internet: <http://www.cdc.gov/cancer/colorctl/colorect.htm>

American Cancer Society

Phone: (800) 227-2345

Internet: <http://www.cancer.org/>

American Society of Colon and Rectal Surgeons

Phone: (847) 290-9184

Internet: <http://www.fascrs.org/>

American College of Gastroenterology

Phone: (703) 820-7400

Internet: <http://www.acg.gi.org/>

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February 2002